

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten initials]</i>	<i>[Handwritten initials]</i>	
O.I.P.E. CLASSIFIER	<i>[Handwritten initials]</i>	<i>[Handwritten initials]</i>	
FORMALITY REVIEW	<i>[Handwritten initials]</i>	<i>[Handwritten initials]</i>	
RESPONSE FORMALITY REVIEW	<i>[Handwritten initials]</i>	<i>[Handwritten initials]</i>	

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY